

Grant Proposal Report from Task Force

Recommendation: Forward to national competition after modifications made

Legal Applicant: Healthy Acadia

Program Name: Maine Recovery Program

Category: ☐ AC Formula
☒ AC Competitive
☐ Other Competition

Type: ☐ Planning
☒ Operating
☐ Fixed Price
☐ Ed Award Only

Federal Focus Area: Healthy Futures (Opioid Abuse Prevention, Recovery)

Applicant type: ☒ New (no prior AmeriCorps)
☐ Re-compete (# of years: ___)

Proposed Dates: Start: 9/1/2018 End: 8/31/2021

Requested Resources: Funds and Slots

	CNCS		Local Share
Operating	37,588		226,801
Member Support	232,000		78,349
Indirect (Admin)	14,180		64,757
CNCS Award amount	283,768	Total Local Share (cash + in-kind)	369,907
% sharing proposed	43%		57%
% share required	70%		30%
Cost-per-member proposed	\$13,815 (\$14,932 allowed)		

Total AmeriCorps Member Service Years: 20.54	Slot Types Requested						
	FT	HT	RHT	QT	MT		Total
Slots With living allowance	18						18
Slots with only ed award					12		12

Program Description (executive summary):

Healthy Acadia proposes to have 30 AmeriCorps Recovery Corps Members who will serve as Recovery Coaches in the northern rural Maine counties of Aroostook, Hancock, Knox, Penobscot, Waldo, and Washington. Recovery Corps members will be responsible for serving at least 400 people experiencing opioid use disorder through peer recovery coaching and increasing education and awareness about recovery coaching and the recovery process. In addition, the AmeriCorps members will leverage at least 60 volunteers who will be engaged in recovery coaching.

Recovery coaching is a form of peer-based recovery support which has been defined as the process of giving and receiving non-professional, non-clinical assistance to achieve long-term recovery from severe alcohol and/or other drug-related problems. The coaching is a peer-based service typically undertaken by volunteers who commit themselves to being available, consistent, and reliable as well as to being held accountable. Recovery coaches are typically recovering themselves (long-term) or have been impacted personally by someone using opioids.

The program model was developed by the Connecticut Center for Addiction Recovery which now certifies trainers of recovery coaches. Subsequently, Vermont implemented the Recover Coach model and Healthy Acadia has drawn heavily on the Vermont program for the AmeriCorps design. Healthy Acadia is presently piloting the program with inmates in Washington and Hancock County jails. Maine's Recovery Corps will be

focused on the target population of individuals struggling with opioid use disorder (OUD), at any point along the recovery continuum. Excepted outcomes of the Maine Recovery Corps project, including improving recovery success, increasing days of uninterrupted recovery, increasing wellness, and reducing use of costly health and correctional services, will significantly impact the community opioid epidemic.

Recovery Coaches will meet individually with recoverees weekly followed by up to an hour per person of researching community supports. On a monthly basis, AmeriCorps Recovery Coaches will conduct four to eight hours of community outreach and education about Recovery Coach services, to increase awareness of and participation in the program. They will also help the host agency to strengthen volunteer management for peer recovery coach programs and recruit community volunteers to serve in the recovery coach program.

Service locations/Host sites:

- Aroostook County Sheriff's Office
- Aroostook Mental Health Services
- Bangor Area Recovery Network
- Belfast Re-entry Center
- Blue Hill Memorial Hospital
- Bucksport Regional Health Center
- Eastport Health Care
- Ellsworth Police Department
- Hancock County Sheriff's Office
- Health Equity Alliance
- Midcoast Recovery Center (linked with and serving in the Knox County jail)
- Mount Desert Island Hospital
- Wellspring
- Waldo County Restorative Justice Program
- Waldo County Sheriff's Office
- Washington County Sheriff's Office.

Performance measures (targets proposed for Year 1; targets for years 2 and 3 set in continuations):

SERVICE ACTIVITIES

OUTPUT: Number of individuals engaging in recovery coach services

Proposed target: 400

OUTCOME: Number of individuals that experience increased days of uninterrupted recovery

Proposed target: 240

OUTCOME: Number of individuals that experience improved community-based recovery capital

Proposed target: 320

MEMBER DEVELOPMENT

OUTPUT: Number of AmeriCorps program training and other formal development activities that result in increased AmeriCorps member skills, knowledge, and abilities related to the service assignment

Proposed target: 6

OUTCOME: Number of AmeriCorps members demonstrating increased competency in skills or application of knowledge.

Proposed target: 30

CAPACITY BUILDING

OUTPUT: G3-3.1: Number of community volunteers recruited by organizations or participants

Proposed target: 60

OUTPUT: G3-3.7: Hours of service contributed by community volunteers who were recruited

Proposed target: 3120 hours

OUTCOME: G3-3.13: Number of additional activities completed and/or program outputs produced by the program

Proposed target: 60

Scoring Detail:

Peer Reviewer Consensus Score. *Assessment of narrative using point distribution from federal agency. Major categories (Program Design, Organizational Capability, Budget and Cost) are dictated by CFR rubric for scoring. The break downs within categories are from federal agency and change annually.*

	Score
Program Design	
Need	2.68
Theory of Change & Logic Model	7.92
Evidence Tier (matches federal tier of “no evidence” from random control trial research)	n/a
EB Criteria 1: The applicant’s evidence is of satisfactory quality. (Applicants with no evidence describe an evidence-informed theory of change.)	1
EB Criteria 2: The applicant’s data collection systems are sufficient to yield high quality process and outcome data.	3
EB Criteria 3: The applicant demonstrates adequate capacity to use process and outcome data including performance measurement (and evaluation data if applicable) to inform continuous learning and program improvement.	2
EB Criteria 4: The applicant’s long-term research agenda is aligned to the organization’s learning needs and position on the evidence continuum (evidence tier).	n/a due to tier
Notice Priority	3
Member Experience	4.69
Organizational Capability	
Organizational Background & Staffing	4.69
Compliance/Accountability	5.36
Culture that Values Learning	5.36
Member Supervision	1.34
Cost Effectiveness and Budget Adequacy	25
Data Plan Quality (assessed as adequate but no points given for this component)	n/a
Total Peer Reviewer Score	66.04

Task Force Consensus Score. *The Task Force reviewers assess the additional technical criteria that states are directed to consider by the CFR.*

	Score
Program Model	15
Past Performance	15
Financial Plan	6.7
Fiscal Systems	10
Total Task Force Score	46.7
Peer Review Score	+ 66.04
Final Score for Applicant	112.74 of 150 potential

Final Assessment of Application:

- ☐ Forward Application to National Competition with no corrections/modifications
☒ Forward to National Competition with corrections/modifications
☐ Do Not Forward to National Competition

Referenced Conditions/Corrections

- Strengthen plan for supporting AmeriCorps members dispersed over a significant geographic area.
- Clarify the relationship of the CT and VT recovery programs to this model. Confirm that targets for service are reasonable based on the experience of those programs. See peer review comments.
- Address reviewers' concerns re protection of information about people served (those in recovery)
- Clarify qualifications of AmeriCorps members relative to time in recovery themselves.
- Provide calculations (formulas) missing from budget narrative and correct indirect calculation

Peer Reviewer Notes and Appraisal Summary:

Program Design. This section covers the community need, service to be performed in response to need, evidence the service will be effective, roles for AmeriCorps and partners, performance measures, and anticipated results for year one.

- The statement of need adequately described the issues of opioid use in the target project area and in Maine but did not always clearly describe the specific impact of opioid use in the project area but did not clearly identify the size and demographics of the opioid using population in the target counties. This would be necessary to assess if the estimated number of persons to be served is realistic.
- Model of service delivery to meet the need is borrowed from Vermont, where context of the need is similar (geography and populations are similar). In logic model, would have preferred to see specific figures incorporated into the chart.
- Current community readiness or openness to this work isn't referenced.
- The application describes an evidence informed program that directly targets the population of interest in four county area. It also cites examples from different states (VT and CT) but does not provide sufficient detail on those programs to understand if the applicant's projected number of participants and their projected improvements are realistic.
- Number of intended recipients of care is 400, which with 30 AmeriCorps will be a case load of approx 13/Corps member. This is slightly over a typical social worker caseload of 12. With each AmeriCorps also needing to recruit and supervise 2 community volunteers and take time for trainings, there is concern about the feasibility of such a caseload.
- The application proposes to use assessment tools from the Vermont program but does not describe the extent to which these tools have been validated.
- Clear plan on training AmeriCorps to collect evidence in a consistent manner.
- The application described a strong program to support members and volunteers and extensive supervisory and training process to support them.
- Trainings sound reasonable - both CCAR and AmeriCorps trainings. Supervision and expectations may vary from host site to host site, given that Healthy Acadia plans to partner with upwards of 15 host sites. The coordination will need to be seamless. The proposal outlines expectations Healthy Acadia will maintain for its partner sites and the responsible party who will monitor these expectations' fulfillment. Still, it needs a more comprehensive explanation of the week-to-week infrastructure in place that will ensure that AmeriCorps will be monitored effectively by Healthy Acadia despite their scattered proximity.
- What is the capacity of the host sites to support members – service is stressful for anyone and this service is likely to be more so. Are site supervisors prepared/qualified/committed to giving support? Members are not going to be within easy reach of program director.
- There is no discussion of the issues related to collecting protected patient information. No indication members will be trained on confidentiality and protection of this information. Could get in trouble if not committed to handling it as laws require. Will all members have access or will there be constraints to protect information?
- It's not clear what the difference is for service between full-time and part-time members. Are functions different? When do part-time people serve?

Organizational Capability.

- The organization is 16 years old, well established in the community, has a clear organizational design, and shows partnership established.
- It is clearly a substantial organization with a long history of service and its experience in maintaining partnerships but provides little detail on the staff (number of staff, titles or positions descriptions) to support to propose project.
- Supporting 30 new people with no added staff is a concern. Documentation burden for AmeriCorps is very different than AmeriCorps VISTA because all records and operations are local.
- Healthy Acadia provides ample evidence that they are accustomed to processing data in a responsible manner. They are adding 30 FT Americorps and 60 volunteers as additional data collectors, who will be there for just a year. There isn't an explanation of how the organization will make the time and labor available to keep up with the increase of information.
- Demonstrated that they have adopted strategic plans, internal and external evaluations have occurred.
- Couldn't see how they are going to use data for continuous improvement. What would they analyze data to learn? What aspects of operation do they need to monitor via this data?
- This application specifies that members in recovery, or with loved ones in recovery, will be welcomed into the Recovery Corps program. The additional complexities of one's own experience in recovery may be helpful in building bridges with clients, but I would have appreciated mention of an additional layer of support in place for these members. Living on a stipend in rural Maine will be a challenge. Supporting community members in recovery will be a challenge. I hope Healthy Acadia plans to have mental health support systems in place for all corps members, particularly those in recovery.
- What is the plan for linking members spread out so much? How do they feel connected to each other and supported by the program, not just the local supervisor?

Budget Adequacy and Cost Effectiveness. (CNCS did not allow narrative for this section in this year's application. They directed reviewers to consider the budget narrative and it's formulas, accuracy, expense items.)

- In general, the budget was detailed, clear, and appeared appropriate to the proposed budget. The applicant organization is making a strong commitment of matching funds to support the project.
- Level of financial support from state substance abuse agency is important not just financially but as validation of response.

Data Collection Plan. (Refers to applicant's plan for collecting data that will be used for performance measurement, continuous improvement, and development of an evaluation plan.)

- Some concern over sensitive information being stored through Google Forms, but since so participant initials or names will be stored this may not be an issue.
- This section references the data collection systems of the Vermont Recovery Network as the foundation for this projects data collection activities but does not clearly describe the systems. It discusses the data collection tools but provides little discussion of how well they have worked in Vermont or the extent to which they have been tested or validated. It discusses the types of data to be collected but does provides very little information on the internal evaluation process or how the data will be used to improve program performance. Finally, there is no discussion of the issues of collecting, housing, and safeguarding this sensitive participant-level information.

Task Force Review Notes and Appraisal Summary:

Program Model. This section's criteria relate to alignment of proposal with funding priorities in RFP, significance of program in the context of statewide issues, the applicant's readiness to take on a significant cadre of volunteers (AmeriCorps members) and its demonstrated ability to engage volunteers, and the match between the program traits and Commission funding goals.

- The proposal aligns with the RFP funding priorities. The opioid epidemic is still a serious issue throughout Maine, as well as many areas of the U.S., so the program's success would have implications for addressing this issue statewide, regionally and national. The focus of the proposal is definitely more on the side of community impact rather than member impact or organizational development. If I was to identify one potential weakness, it might be the lack of member-focused support articulated in the proposal, especially given the fact that members will likely be people who are also in recovery. Another concern was the lack of certain essential volunteer management practices at the organization. However, on the whole, the need identified is great, and the organization has picked an intervention which seems to be well respected in terms of peer recovery models, which could result in a significant impact on the pressing issue of substance use disorder.
- There are a couple areas that need more clarification. Healthy Acadia needs to identify which model(s) they will be using, Connecticut or Vermont, and how they will incorporate the various models into their plan. Additionally, due to the distance that this program will be offered, need more information regarding how they plan to manage people across the state.
- The need to be addressed is pressing. Additionally, although not evidence-based, the applicant has picked a very strong model of peer recovery for its intervention.
- There is such a great need for this program I believe that they could meet their targets. I am concerned about the experience of recovering members counselling others while they continue to work on their own recovery especially with distant supervision.
- It seems like both people in recovery and those not in recovery are eligible to be peer recovery coaches. If this is allowable under the CCAR model, this should be noted so there is no confusion.
- For me the questions remain about the model effectiveness, the adequacy of the budget for staff and travel in so large a geographic area.
- They need to work on areas of concern/clarification mentioned in the Program Model and peer review program design.
- It should be made stronger to have a real chance to succeed.
- There is certainly a need for this type of service within the State of Maine, especially in the areas that are identified by Healthy Acadia.

Assessment of Past Performance

- The applicant seems to be successfully administering a major federal grant from SAMHSA with much of the programming being done in concert with local partners, which would be essential for an AmeriCorps grant.

Assessment of Financial Plan

- Applicant exceeds match requirements. The financial plan seems reasonable given the activities described in narrative. There are some errors in calculations noted in the staff review that need to be addressed.
- Financials appear to be in order.

Fiscal Systems

- Audit results seem to indicate only one minor issue related to unallowable costs and the financial management systems survey indicated that they are well equipped for financial management of an AmeriCorps program.
- Established financial systems.
- Unallowable cost noted in audit relates to poor documentation for expenditures in a subgrant. While this award would not authorize subgrants, Members will be placed with other agencies.